

| CLAIMS ONLY | | | | | | | Application Number 09-830414 | | Filing Date 8-2-04 | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|--------|------------------------------|--------|
| | | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 13 | | | | | | | | | |
| Total Depend | 46 | | | | | | | | | |
| Total Claims | 59 | | | | | | | | | |

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| Total Indep | | | | | | |
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BEST AVAILABLE COPY